

RENEWAL OF MEMBERSHIP



FULL NAME:
(Prof./Dr./Mr./Mrs./Miss/Ms.)

RESIDENTIAL ADDRESS:
..... Code:

POSTAL ADDRESS:
..... Code:

CONTACT NUMBERS: (Home): (Business):
(Cell): (E-mail)

I, the undersigned, agree to abide by the rules of the Club

SIGNATURE: DATE:

MEMBERSHIP FEES:

- # FULL MEMBERSHIP.....R60, 00 per annum.
- # FAMILY MEMBERSHIPR80, 00 per annum (includes children under 16).
- # If joining after 30th June of any year, half-year's fees will be accepted if the following year's fees are paid in full at the same time.

Payment for Membership (Cheque or Direct Internet Deposit) is attached hereto: R.....

NB: PLEASE, NO DIRECT CASH DEPOSITS

Payments can be made directly into Western Province Cat Club's Bank Account provided proof of payment accompanies the completed application form.

Bank details are: FNB Plumstead, Branch No: 201109, A/C No: 62000775174

Please return completed form to:

THE HONORARY TREASURER
WESTERN PROVINCE CAT CLUB
PO BOX 2636
CLAREINCH 7740
wpcatclub@gmail.com

PLEASE COMPLETE BELOW:

NEWSLETTERS TO BE SENT PER E-MAIL :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
SHOW PAPERS REQUIRED :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
SHOW PAPERS ACCEPTABLE PER E-MAIL :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>